

# Retention and Sustainability of Social Care Workforce (RESSCW) project

Main findings and policy implications

17 May 2022

# Acknowledgements

*This study is part of the Retention and Sustainability of Social Care Workforce (RESSCW) project, funded by the Health Foundation's Efficiency Research Programme. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.*

*We thank Skills for Care for their very helpful support with using the Adult Social Care Workforce Data Set (ASC-WDS) and the Survey of Individual Employers and Personal Assistants.*

*Some of this work was produced using statistical data from ONS. The use of the ONS statistical data in this work does not imply the endorsement of the ONS in relation to the interpretation or analysis of the statistical data. This work uses research datasets which may not exactly reproduce National Statistics aggregates.*

*The views expressed are entirely those of the authors.*

# Project team

Dr Florin Vadean (Co-PI)

Dr Stephen Allan (Co-I)

Grace Collins (RA)

Dr Katerina Gousia (Co-I)

Dr Catherine Marchand (RA)

Dr Daniel Roland (RA)

Hansel Teo (RA)

Ann-Marie Towers (Co-I)

Dr Agnes Turnpenny (Co-I; currently: IPC,  
Oxford Brookes University)

University of  
**Kent**

Prof Shereen Hussein (Co-PI)

LONDON  
SCHOOL of  
HYGIENE  
& TROPICAL  
MEDICINE



John Forth (Co-I)

**BAYES**  
BUSINESS SCHOOL  
CITY, UNIVERSITY OF LONDON

Prof Alex Bryson (Co-I)

Dr Eirini Saloniki (Co-I)



## Overall aims

- Assess the characteristics of ASC staff compared to workers in other low-wage service industries
- Examine what drives retention of staff employed in care homes, domiciliary care as well as directly by persons using social care services
- Identify factors related to ASC staff leaving the social care sector, as compared to moving to other jobs in social care
- Evaluate the impact of the COVID-19 pandemic on social care workforce wellbeing and retention
- Engage closely with ASC stakeholders (i.e. providers, care users, care workers, family carers, commissioners, regulators and policy makers)

# Studies

- Scoping review of the international literature on factors associated with retention of social care workforce
- Empirical analysis of the Annual Population Survey (APS) on retention of care workers in adult social care compared to healthcare assistants in the NHS
- Empirical analysis of job separations and sick leave of frontline staff using data from the Adult Social Care Workforce Data Set (ASC-WDS)
- Empirical analysis of care establishments' turnover, hiring and vacancy rates and their relationship with employment dynamics using ASC-WDS data
- Secondary data analysis of retention and sick leave of Personal Assistants, using the Skills for Care Survey of Individual Employers and Personal Assistants
- Primary data analysis of the effects of the Covid-19 pandemic on the retention and wellbeing of social care staff

# WP1: Mapping and critically reviewing the literature

---

Q1. What are the key (macro, meso and micro) factors associated with commitment, retention, and turnover in social care?

---

Q2. How do these (macro, meso, and micro) factors shape commitment and retention? In particular, is there any evidence of causal or correlational dynamics between factors?

---

Q3. What is known about the degree of commitment and turnover/quits in social care?

---

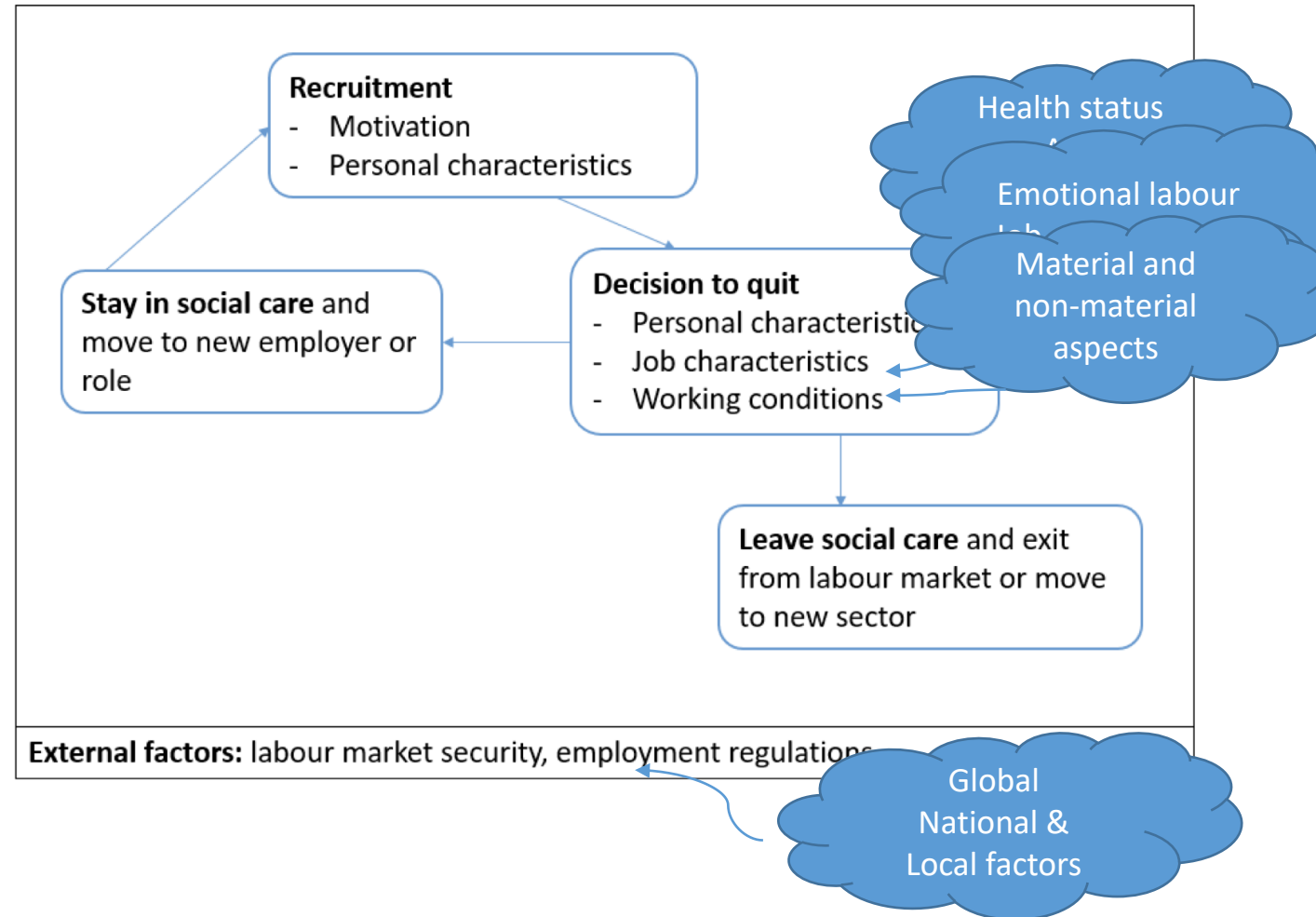
Q4. What is known about the destination of those quitting social care jobs?

## Methods

- Search protocol developed
  - Completed in 2020
  - Literature published in English in the last 15 years
  - Search protocol available and retrieved 16,789, after assessment included 140 outputs
- Analysed using narrative critical review (Grant & Booth 2009)
- Iterative process
- published a [Policy Brief](#)- Sep 2020)
- Updated searched 2022
  - Abstract accepted and manuscript being prepared for submission in a Special Issue

## Findings

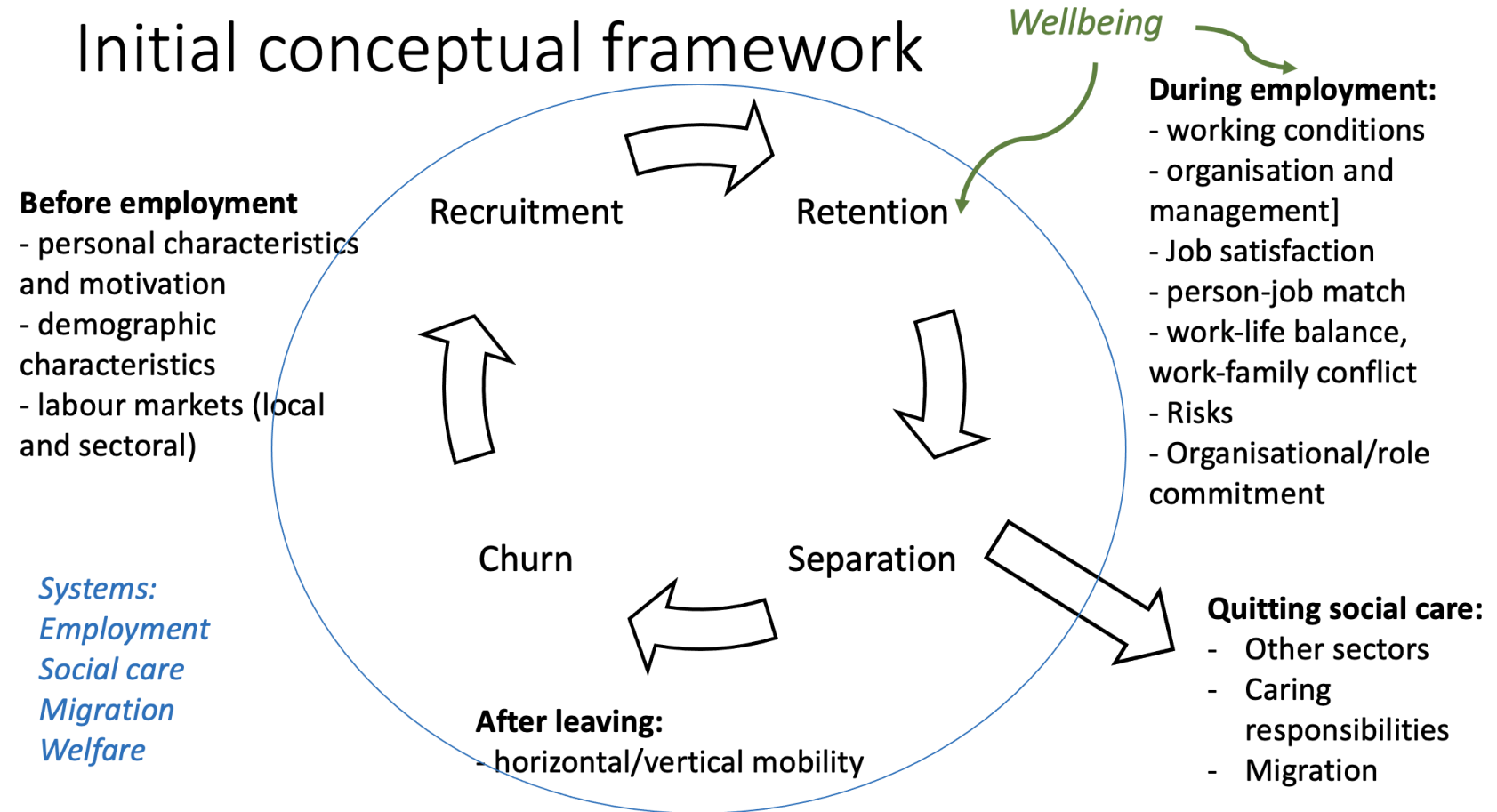
Factors associated with recruitment and retention



# Policy implications

- Ensuring better care jobs - more than improving wages
- Status, value & parity
- Recruitment pools
- Within job support
- External factors (global, national and local)

## Initial conceptual framework





# Workforce retention in social care and other low-wage labour markets

## *Motivation:*

- High rates of job separation have negative implications for quality of care (e.g. Allen and Vadean, 2021)
- Low wages often thought to be at the root of the problem (e.g. Moriarty et al, 2018), but limited empirical evidence
- Also, concerns about people leaving to work in other sectors (ibid.), but again, evidence is limited

## *Research Questions:*

- Which personal, job and employer attributes are associated with a higher probability of job separation?
- To what extent are care workers being attracted into other, competing occupations/sectors?
- Some other low-wage occupations have lower separation rates – how is care work different?

## *Data:*

- Survey data from around 6,000 care workers in ASC, interviewed on two occasions, 12 months apart
  - 10 waves of the Office for National Statistics' Longitudinal, Two-Year Annual Population Survey, 2011/12 – 2020/21
- USP: We observe all destinations following job exit + can compare with other, similar occupations

# Main findings

## *Separation rates and destinations:*

- Around one quarter (24%) of care workers in ASC leave their job per annum, on average
- Around one-third exit to another job in ASC; one-third to another job outside ASC; one-third to non-employment -> sectoral wastage = 16% per annum

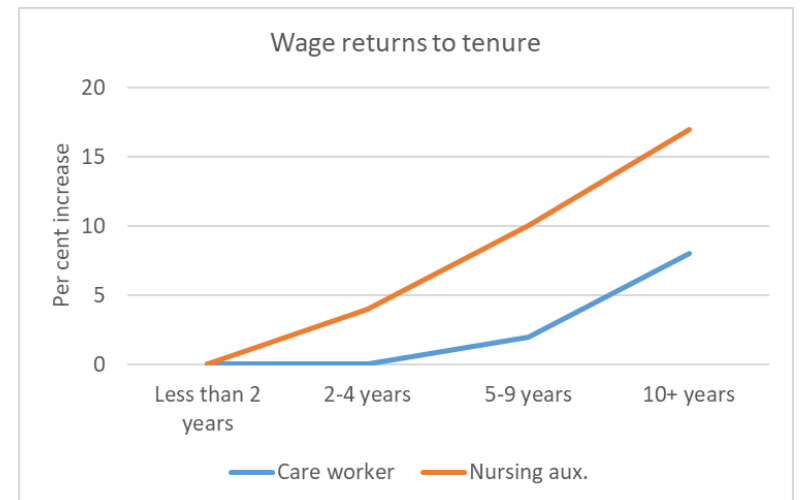
## *Factors associated with the probability of job separation:*

- Valuable to distinguish between exits to non-employment and exits to another job
  - Exits to non-employment primarily associated with personal characteristics (age, health, children), or job characteristics which suggest weak attachment to the labour market (low hours), or low returns to working (low pay)
  - Exits to other jobs primarily associated with job quality (temporary contract, non-standard hours, absence of training), employer setting (private sector) and density of outside options (urban area)
- Contract type, hours and training provision are more salient than pay rates, overall
  - Permanent contract: -10 ppts      Job-related training: - 6 ppts
  - Standard hours (25-47 pw): -6 ppts      Higher pay (IQR): - 2 ppts

# Main findings

## *Comparison with other occupations:*

- Separation rate is similar to some caring / personal service occupations (e.g. nursery nurse, veterinary nurse, hairdresser) but around 10 ppts higher than other caring roles (e.g. nursing auxiliaries, teaching assistants)
- Differences in the work setting seem to be important
  - Most care workers work in small/medium-sized workplaces in the private sector (high separation rates)
  - Most nursing auxiliaries work in large workplaces in the public sector (low separation rates)
  - Explains 7.5 ppts of the 11 ppt gap in separation rates between care workers and nursing auxiliaries
  - Nursing auxs more likely to work in types of settings that offer routes to career progression?
  - Returns to long tenure creates incentives to stay?



# Policy implications

- Adult social care is not a complete outlier -> set of solutions not likely to be unique or unusual
- Some exits are hard to prevent: family circumstances, stop gap before studying; some health problems
- But job quality seems to be important:
  - Makes it worthwhile to remain in work
  - Reduces the pull of jobs elsewhere in the labour market
  - Permanent contracts, standard hours, the provision of job-related training and (to lesser extent) pay
- And the work setting is also a key factor
  - Absence of job ladders?
- How to create the incentives for employers to offer “good-quality” jobs?
- How to create pathways for wage progression?

# Job separation and sick-leave of LTC frontline staff

## Motivation

- High staff turnover rates – over 30%, care workers 38%; 66% of leavers move to other ASC employers (Skills for Care 2020)
- High ‘churn’ has likely negative impact on:
  - ❖ Service users – quality of care (Allan & Vadean 2021)
  - ❖ Providers – recruitment and training costs; closures (Netten et al. 2003)
  - ❖ Staff – workload, motivation (Royal College of Nursing 2012)

## Aims

- Quantitative evidence on drivers of retention under the control of care providers and/or policymakers
- Evidence on determinants of sick leave in ASC

## Research questions

- Can higher wages and better employment conditions improve staff retention?
- How can loss of labour input due to sick leave be reduced?
- Are staff turnover and sick leave related?

## Data

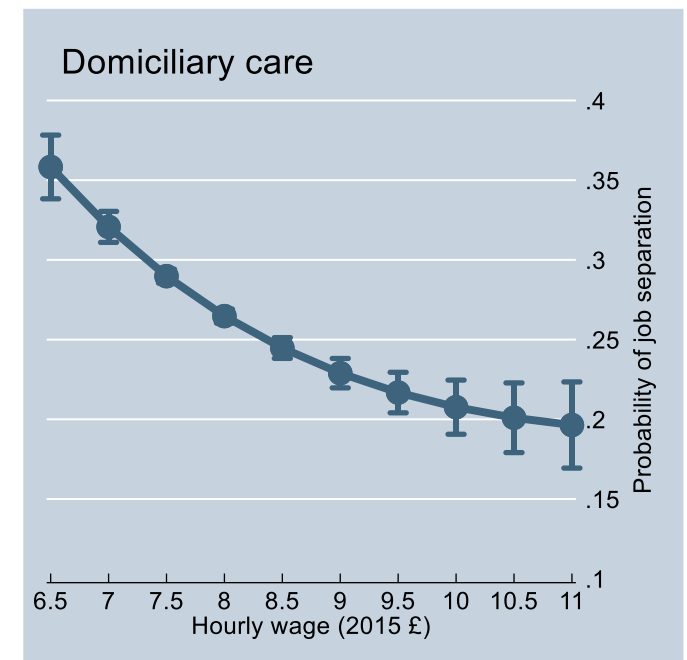
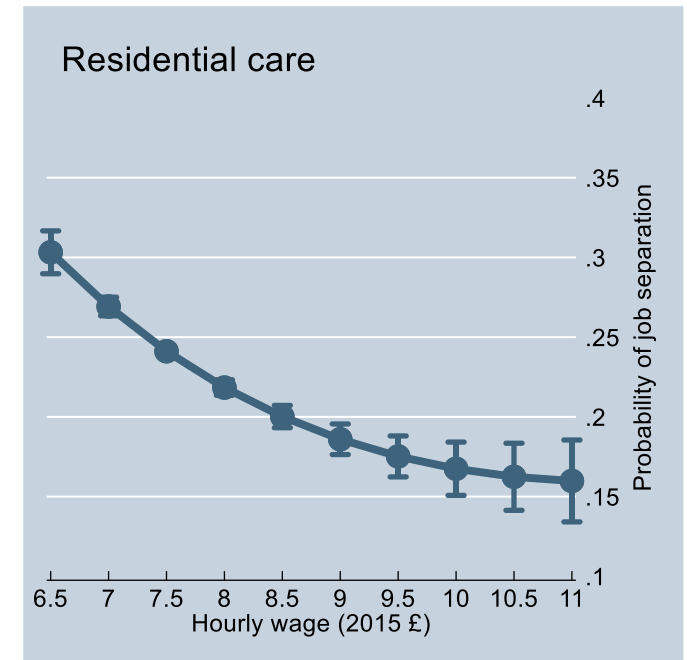
- Adult Social Care Workforce Data Set (ASC-WDS)
  - ❖ Oct 2016, Oct 2017, Oct 2018, and Oct 2019
  - ❖ 211,283 job-spells in 8,312 care establishments
  - ❖ 86% care workers, 10% senior care workers, 4% other care providing
  - ❖ Care settings – care homes (56%), domiciliary care (44%)
  - ❖ Sectors – statutory LA (6%), private (79%), voluntary (15%)

## Main findings – job separations

- controlling for unobserved heterogeneity leads to significant improvement in estimated the wage effects on job separations
- wages have a negative effect on job separations - 10% increase in wages → 3 ppts reduction in job separations
- wages have a stronger effect on job separations at lower wages levels
- positive relationship between job separations and part-time as well as zero-hours contracts
- good management improves retention

## Main findings – sick leave

- direct care staff in public sector – 60-70% per cent more sick days per year (even after controlling for other factors) → differences in contract terms and conditions
- progression from temporary ‘withdrawal’ from work (i.e. sick leave) to permanent ‘withdrawal’ (i.e. job separation)



## Policy implications

- ASC staff retention can be improved by increasing wages - ~30% pay difference between independent and public ASC providers
- Combined with full-time contracts with guaranteed working hours, wage increase could lead to meaningful improvement in staff retention
- Potential solution – align pay and conditions (contract type, sick leave) in the ASC independent sector to similar roles in NHS and public ASC
  - increased public expenditure – tariffs paid by LAs need to increase
  - LAs to link commissioning to care providers' staff pay and employment conditions

# Recruitment, retention and employment growth in the long-term care sector in England

## Motivation

- Increasing demand for LTC implies need to grow care workforce
- Size of LTC workforce determined by staff inflows (hiring) and outflows (turnover)
- Need to understand relative importance of these two factors

## Aims

- Study the relationship between turnover, hiring and employment growth of care workers at the establishment level
- Assess the relative importance of hiring and turnover in employment growth/decline

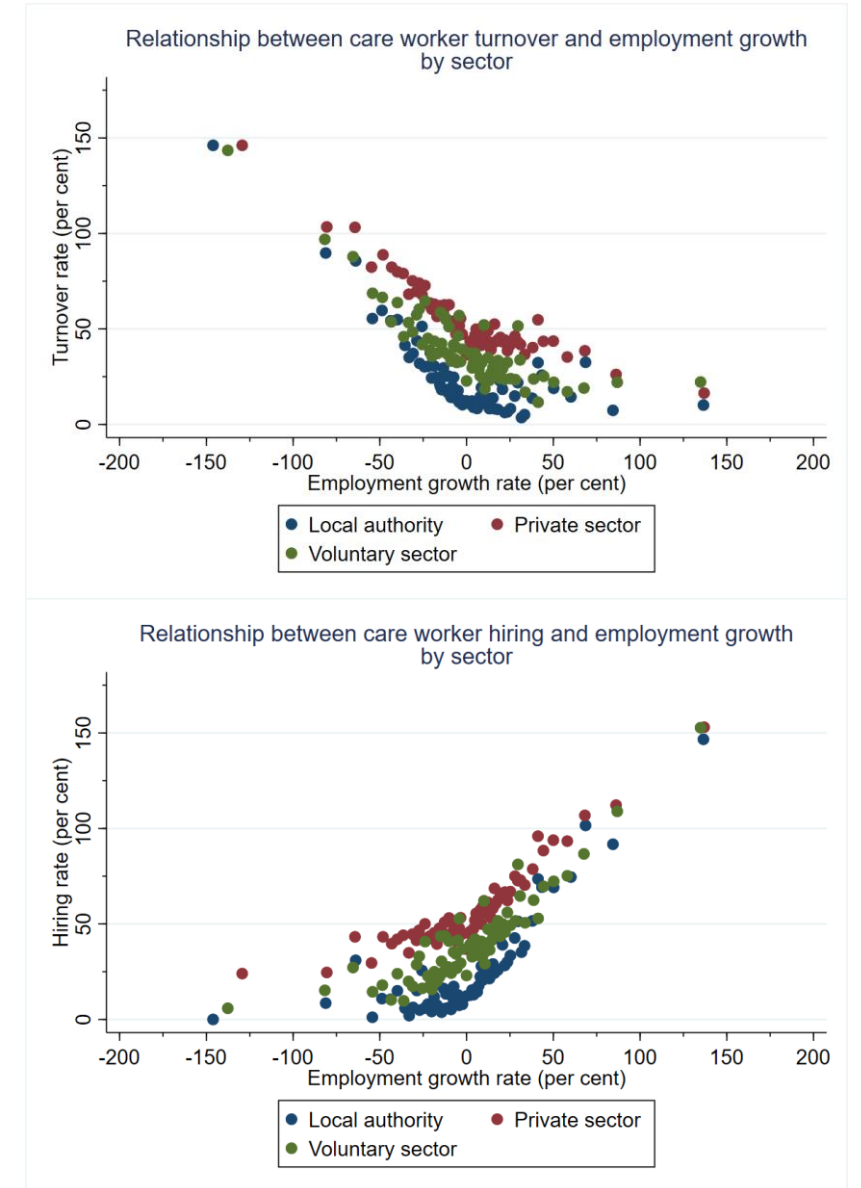
## Data and Methods

- Regression analysis using the Adult Social Care Workforce Data Set (ASC-WDS), 2016-2019



# Main findings

- Turnover and employment growth are negatively related
  - ❖ Decrease significantly slower for establishments with employment expansion
- Hiring rates and employment growth are positively related
  - ❖ Increase significantly slower for establishments with employment contraction
- Establishments with declining employment also experience rise in unfilled vacancies
  - ❖ Implies recruitment frictions
- Both turnover and hiring rates are higher in private sector and domiciliary care



# Policy implications

- Staff turnover/retention policies important when thinking about expanding workforce
- Recruitment frictions important for explaining why employment in some establishments is declining
- Differences in recruitment strategies across sectors may explain differences in churn
- Which recruitment strategy is more suitable?
  - ❖ More selective → lower hiring rate & lower turnover
  - ❖ 'Casting a wide net' → high hiring rate & high turnover

# Recruitment and retention of personal assistants

## Research Team

- Stephen Allan, Eleni Chambers, Katerina Gousia, Daniel Roland and Deb Smith

## Motivation

- 100,000 personal assistants (PAs) in England directly employed by people to support their care needs, but little research on PA recruitment and retention

## Aim

- To assess the economic factors associated with PA: a) job vacancies and turnover; b) sick leave

## Data and methods

- Regression analysis of data from the *Skills for Care Survey of Individual Employers and Personal Assistants*.
- Two people with lived experience (EC and DS) worked on study of PA sick leave, including working on methods of dissemination.

# Recruitment and retention of personal assistants

## **Findings**

### *PA job vacancies and turnover*

- Local unemployment (-), number PAs employed (+), employer training (+), alternative SC employers (+), PHB (+)

### *PA sick leave*

- Distance from work (+), number PAs employed (+), hours worked (+), permanent contract (+), alternative SC employers (+), PHB (-)

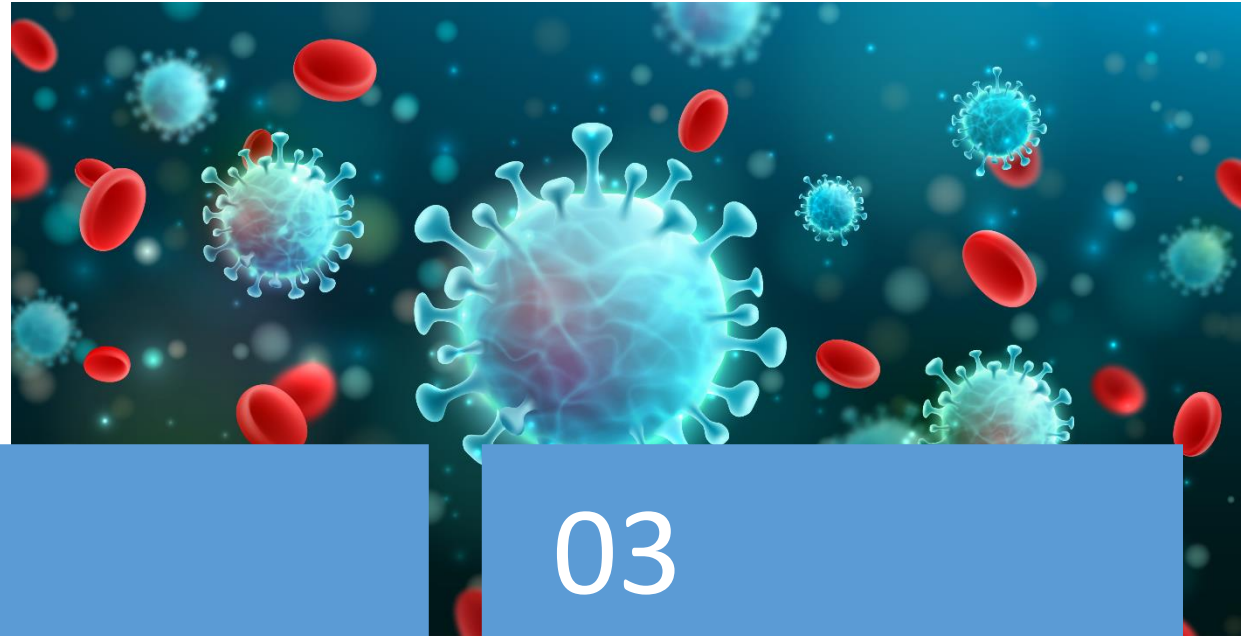
### *Limitations*

- Survey not extensive and may not be representative

## **Policy implications**

- Local markets for PAs
- Interlinked nature of social care employment
- Costs to health and social care?

# The onset of COVID-19



01

What are the implications of COVID-19 on care workers' general wellbeing, working conditions, and intentions to quit the sector?

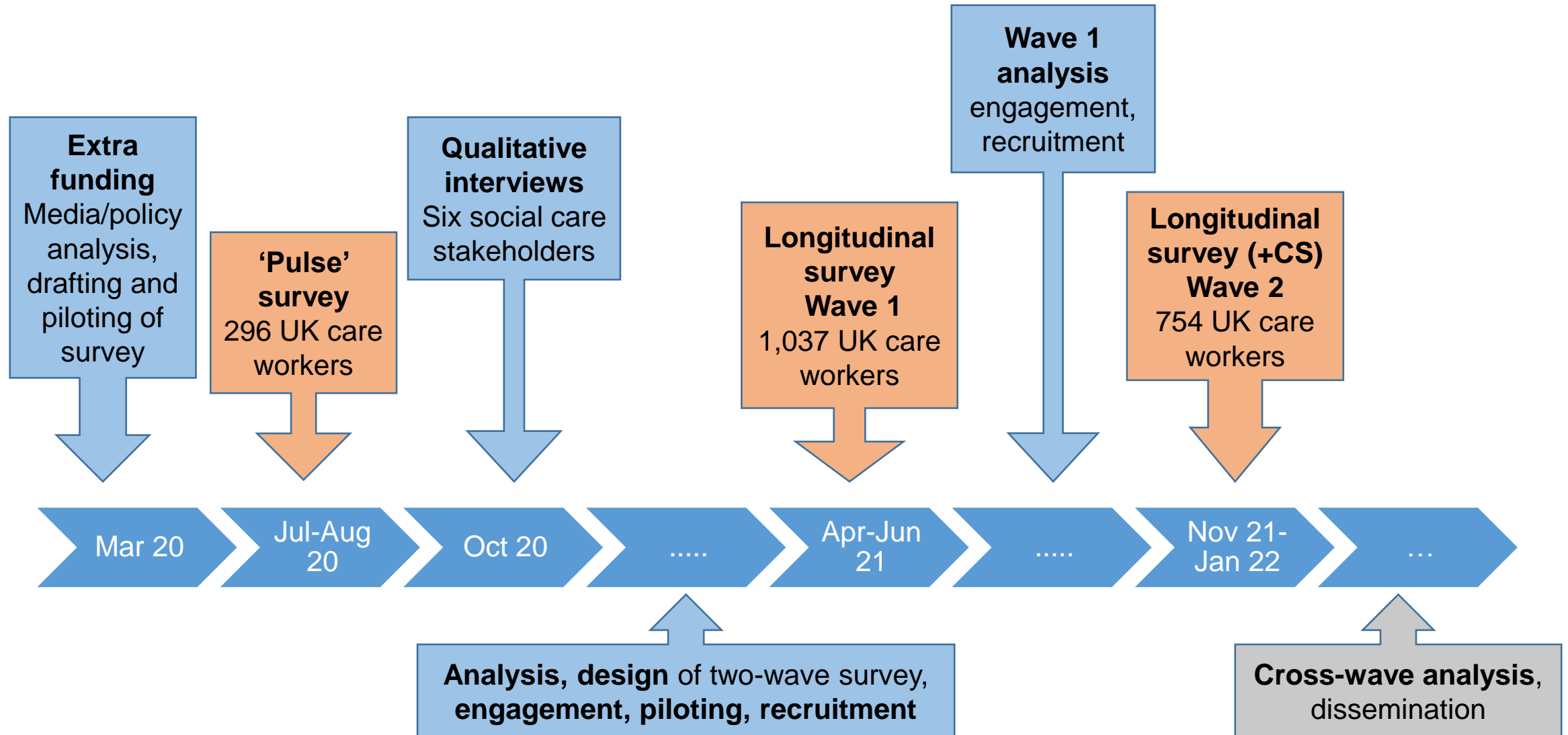
02

Are certain workers with specific individual and work characteristics more negatively impacted by the COVID-19 pandemic?

03

Do any of these implications differ by care settings, especially between domiciliary and residential care?

# C-19 WP timeline



# Survey content

## Pulse survey

Jul-Aug 20

Demographics

Job-related characteristics (e.g. tenure, contract, role, setting, employer, client group)

COVID-specific topics (e.g. PPE)

**Current vs. pre-COVID:** employer, care setting/client group

**Changes since onset of COVID:** job-satisfaction-related aspects (e.g. pay, workload), intention to quit, overall job satisfaction, feelings at work, general health

## Longitudinal survey: Wave 1

Apr-Jun 21

Demographics  
Job-related characteristics (incl. **union membership**)  
COVID-specific topics (incl. **cases** and **vaccine uptake**)

**Current/past few weeks:** job-satisfaction-related aspects but **extended**, feelings...

**Current:** **organisational commitment** (e.g. seeking views, responding to suggestions) and **job supports** (e.g. respect, fair treatment, feedback)

**Abuse** (prevalence, type, perpetrator, action taken)

## Longitudinal survey: Wave 2

Nov 21-Jan 22

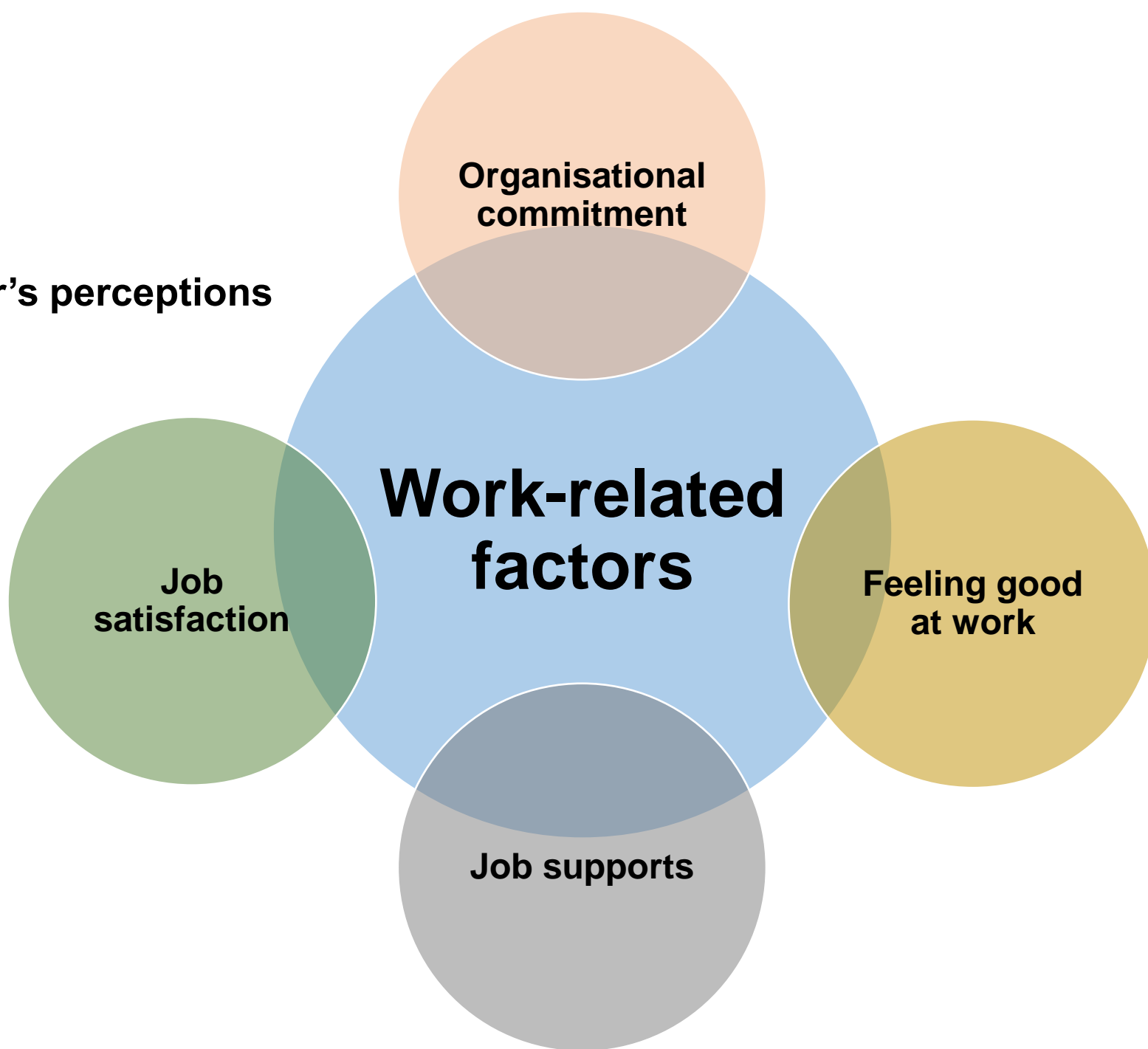
**Since July 21:** COVID-specific topics (incl. cases, vaccine uptake and **mandate awareness**)

**Since July 21:** Abuse (prevalence, type, perpetrator, action taken)

All other topics as in Wave 1

All surveys included open-ended questions (e.g. about abuse, wellbeing support received)

**Worker's perceptions**



**Organisational  
commitment**

**Work-related  
factors**

**Job  
satisfaction**

**Feeling good  
at work**

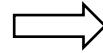
**Job supports**



## Pulse survey – report [available](#)

- ❖ Evidence of increased workload, stress and feeling unsafe at work, decline in general health
- ❖ No COVID-19-related training for over a fifth (half for BAME respondents)\*
- ❖ One in six reported not having clear guidance to be safe at work; no access to PPE

\*small number of cases for BAME respondents



## Interviews with stakeholders – blog [available](#)

- ❖ High levels of anxiety amongst the social care workforce
- ❖ Social care sector felt to be abandoned in the early months of the pandemic
- ❖ Lack of understanding of the social care sector by central government
- ❖ Growing concerns about abuse of workers during the pandemic



## Longitudinal survey (Pooled analysis) – papers in progress

- ❖ Evidence of lower job satisfaction, job supports and worse feelings at work during ‘Omicron’ wave
- ❖ Overall, males more likely to quit than females
- ❖ No significant differences in quits by care setting
- ❖ BAME respondents significantly more likely to quit current employer; weaker effect for quitting the sector
- ❖ Experienced abuse (single or multiple) negatively impacts on intention to quit



## Longitudinal survey (Wave 1) – [early findings](#) (paper under review)

- ❖ Evidence of increased workload since start of 2021 (in most cases without extra pay)
- ❖ Over a third felt tense, uneasy, depressed and gloomy because of their job
- ❖ A quarter experienced abuse in relation to the pandemic (over a third for BAME)
- ❖ Abuse incidents more common in residential care
- ❖ Negative association between abuse and work-life balance; abuse and intention to quit

# Implications

## Care workers feel neglected and undervalued

- **Workload**; job satisfaction; sense of responsibility
- **Wellbeing**: physical, mental and financial
- Further **retention** issues

## Brexit & COVID-19

- The nature and structure of **social care provision**?
- **Live-in care**
- **Migrant workers**: who will fill the gaps?

## Sector-wide changes

- + Better **pay** & better jobs
- + Funding & reforms
- + Pool of recruits
- + Sector wide support mechanisms
- Geographical disparities
- Impact on **users** and their **informal carers**

Wellbeing?

## We are interested in your views

- How to create the incentives for employers to offer “good-quality” jobs?
- How to create pathways for wage progression?
- Would the alignment of pay and conditions in the ASC independent sector to similar roles in the NHS and public ASC feasible and achievable?
- Future priorities – what aspects related to ASC workforce would need more attention by the research community?
- Please contact us if you would like to discuss any project findings in more detail – main contact: [f.vadean@kent.ac.uk](mailto:f.vadean@kent.ac.uk); [shereen.hussein@lshtm.ac.uk](mailto:shereen.hussein@lshtm.ac.uk); project website: <https://www.pssru.ac.uk/resscw/frontpage/>